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UTILITY PATENT APPLICATION **TRANSMITTAL**

PC10887AJAK Attorney Docket No. Maria S. Brown, et al. First Named Inventor or Application Identifier Microbial Reductase Useful For The Stereoselective Reduction of a Title EL710829745US Express Mail Label No

Only for new non	nprovisional applications under 37C.F.R. §1 53(b))	Express Ma	ail Label No	EL/10829/4503				
APPLICATION ELEMENTS			ADDRESS 1	Assistant Commissioner for Pate ADDRESS TO: Box Patent Application Washington, DC 20231				
1. (sul) 2. (sul) (p) (p) 4. (c) The ent copy of conside	*Fee Transmittal Form (e.g., PTO/SB/17) *bmit an original, and a duplicate for fee processing) Specification [Total Pages 3: *preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 11.3)[Total sheets Dath or Declaration [Total pages 3: - Newly executed (original or copy) b. Copy from a prior application (37 CFF §1.63(d)) - (for continuation/divisional with Box 17 continuation/divisional with Bo	g] g] g] g] g ation, ((b). is checked) which a x 4b, is npanying	7. Nucleotide a (if applicable a) a	b. Paper Copy (identical to computer copy)				
*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).								
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: / Prior application information: Examiner Group/Art Unit:								
	18.		PONDENCE ADD					
Custome	er Number or Bar Code Label	r No. or Attac	ch bar code label her	or X Corresp	oondence address below	w		
Name	Gregg C. Benson							
Address	Pfizer Inc.							
			0.7	Zip Code	Zip Code 06340			
Address			LCT	L Zin Code	I UD.54U			
	Groton Sta		CT			 1		
Address	Groton States Of America Teleph		1-(860)-441-49	01 Fax	1-(860)-441-522	1		
Address City Country	Groton Sta			01 Fax		1		

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Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2000.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

lete if Known Application Number To Be Assigned Herewith Filing Date Maria S. Brown, et al. First Named Inventor To Be Assigned Examiner Name To Be Assigned Group/Art Unit

Total Amount of Payment (\$)710.00			Attorn	Attorney Docket No F 6 1000 ASAR					
METHOD OF PAYMENT (check one)						FEE CA	LCULATION (continued)		
1. The commissioner is hereby authorized to charge				ITIONAL FI					
indicated	indicated fees and credit any over payments to:			Entity	Small			ľ	
Deposit Account Number			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit Account Pfizer Inc	C.		105	130	205	65	Surcharge – late fee or oath		
Name L	tional	Charge the Issue Fee Set in	127	50	227	25	Surcharge-late provisional filing fee cover sheet	or	
Charge Any Addition 37 Fee Required		37 C.F.R. § 1.1.8 at the Mailing	139	130	139	130	Non-English specification		
C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.				2,520	147	2,520	For filing a request for reexamination		
2. Payment	Enclosed:		112	920*	112	920*	Requesting publication of SIR prior t Examiner action	° [
Check Money Order Other				1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
	FEE C	ALCULATION	115	110	215	55	Extension for reply within first month		
1. BASIC FILING FEE				390	216	195	Extension for reply within second month		
:			117	890	217	445	Extension for reply within third mont	ր <u> </u>	
Large Entity So Fee Fee Fee Code (\$) Cod		Fee Description Fee Paid	118	1,390	218	695	Extension for reply within fourth mor	nth	
10‡ 710 20		Utility filing fee 710.00	128	1,890	228	945	Extension for reply within fifth month	' <u> </u>	
106 320 20	6 160	Design filing fee	119	310	219	155	Notice of Appeal		
107 490 20	7 245	Plant filing fee	120	310	220	155	Filing a brief in support of an appeal		
108 710 20	8 355	Reissue filing fee	121	270	221	135	Request for oral hearing		
114 150 21	4 75	Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
	SUBTOTAL (1) (\$) 710.00				240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES				1,240	241	620	Petition to revive - unintentional		
		Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reissue)		
Total Claims 2	-20**=	0 X 18 = 0	143	440	243	220	Design issue fee		
Independent 1	3 ** = [0 x 80 = 0	144	600	244	300	Plant issue fee		
Claims Multiple Dependent		= 0	122	130	122	130	Petitions to the Commissioner		
** or number previously paid, if greater; For Reissues, see below			123	50	123	50	Petitions related to provisional applications		
Large Entity S Fee Fee Fe	mall Entity ee Fee	Fee Description	126	240	126	240	Submission of Information Disclosu Statement	re	
Code (\$) Co 103 18 20	de (\$))3 9	Claims in excess of 20	581	40	581	40	Recording each patent assignment property (times number of properties	:s) ———	
102 80 20	2 40	Independent claims in excess of 3	146	710	246	355	Filing a submission after final reject (37 CFR 1.129(a))	ion	
104 270 20	4 135	Multiple dependent claim, if not paid	149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		
109 80 20	9 40	**Reissue independent claims over	Other	Other Fee (specify)					
110 18 21	0 9	original patent **Reissue claims in excess of 20 and over original patent	Other	Other Fee (specify)					
	SUBT	OTAL (2) (\$) 0	*Red	uced by Ba	sic Filing	Fee Paid	SUBTOTAL (3) (\$)	0	
SUBMITTED BY					Complete (if Applicable)				
Type or Printed Nar	ne Jenn	ifer A. Kispert					Reg. Number 40,049 Deposit Account 16-1445		
Signature		MAM1	Date	2 - 01			User ID		